

# VAIL Mail-in Registration Form

Mail to:  
Bob Johnson Hockey School  
Dobson Arena  
321 E. Lionshead Circle  
Vail, Colorado 81657  
FAX: 970 479-2267  
Phone: 970-479-2271

Participant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age as of (7/15/12) \_\_\_\_\_ Hockey Experience (years) \_\_\_\_\_

Applicant's Medical Coverage \_\_\_\_\_

Payment Method: Check # \_\_\_\_\_ Make checks payable to Vail Recreation District

Card Number \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card \_\_\_\_\_

Session- July15- July 21	\$475.00= \$ _____
* Special Eagle County Resident Discount	\$450.00= \$ _____
* Special Vail Resident Discount	\$430.00= \$ _____
* Special Goalie Rate	\$175.00= \$ _____

Amount Due (balance due by June 15, 2012) = \$ \_\_\_\_\_

Parent's Name \_\_\_\_\_

## RELEASE OF LIABILITY/ACKNOWLEDGEMENT OF RISK

In consideration of being permitted to take part in the activity set forth herein, I expressly agree as follows:  
I hereby acknowledge that the activity set forth herein contains dangers and risks and may result in injury to the participant. I hereby assume all risks of personal injury or death and property damage from any causes whatsoever arising while I am participating in such activity. I am in good health and physically able to participate in said activity. I agree to waive and release the Town of Vail/or the Vail Recreation District and their officers, employees, agents, servants and all representatives and sponsors from any injury I may sustain or any damage that may be caused to me or property in connection with said activities, including injuries sustained or property damage caused by the use of equipment I may rent from the Town of Vail and/or the Vail Recreation District. I also authorize and consent to any emergency x-ray examination, medical diagnosis or treatment and hospital care to be rendered to me under the general or special supervision and on the advice of any physician licensed to practice in the State of Colorado. Participants may be photographed and such photographs may be used to publicize activities. I agree to pay all fees by the date issued by Dobson Arena. I agree to abide by the rules and regulations established by the Dobson Arena and The Vail Recreation District.

*\*READ ABOVE BEFORE SIGNING*

Parents or guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_